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Editorial

Functional bowel disorders and the role of mind-body therapies—The ‘Editors Choice’

The European Journal of Integrative Medicine (EuJIM) is pleased to announce to its readers that a new initiative begins with this issue – ‘Editor’s Choice’. Every issue, the Editor in Chief will choose one article which she feels showcases either innovation, originality or will have wider interest to the readership. The selected article will then be made Open Access and without cost to the author. Already, the Editorials for each issue are now Open Access so readers can access extra information about the breadth of articles provided in each issue. For this issue the article by Grundman and Yoon [1] has been chosen as the Editor’s Choice for dissemination as the Open Access publication. This systematic review on Mind Body therapies for Functional Bowel Disorders provides an excellent synthesis of useful material on four common therapies which have great relevance as self-help approaches and reflect an integrated approach to care and management.

EuJIM are currently also inviting submissions for two Special issues to appear later this year entitled ‘Clinical Guidelines for Integrated Practice’ and ‘Ensuring and Improving Patients’ Safety in Integrative Health Care’.

Both topics are of key interest in clinical practice particularly in aiding decision-making for optimising safe integrated patient care and both rely on robust evidence. For further details please visit www.sciencedirect.com/science/journal/18763820.

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Given this Editor’s Choice in this issue the focus of the editorial is functional bowel disorders (FBDs). FBDs are challenging both to diagnose and to treat, particularly given that they include a spectrum of gastrointestinal dysfunction including; Irritable Bowel Syndrome (IBS), functional abdominal pain, functional abdominal bloating, functional constipation, functional diarrhoea and unspecified functional bowel disorder [2]. These disorders are very common with the prevalence of Irritable Bowel Syndrome (IBS), alone, quoted being between 5% and 20%. Interestingly, significant geographical variation has been identified: South America 21%, Northern Europe and America 12% and 7% in South East Asia. It affects more women and those under 50 years of age [3]. These geographical differences may potentially be related to how it is diagnosed in different countries. FBDs also cause significant impact upon work absenteeism and finances.

Confirming the diagnosis of function bowel disorders requires the exclusion of pathology consistent with other diagnoses such as inflammatory bowel disease, coeliac disease and malignancy. Consequentially, in order to obtain a diagnosis many patients undergo invasive and protracted investigations (which are not without their own associated morbidity) such as upper and lower gastrointestinal endoscopy. This also highlights the significant associated healthcare costs diagnosing and managing functional bowel disorders.

The aetiology of FBDs is poorly understood, and as a consequence, the majority of standard treatments focus on managing symptoms. This includes; dietary changes, laxatives, anti-spasmodic agents (peppermint oil and mebeverine), anti-motility agents (loperamide) and antidepressants, frequently with limited benefit and often providing suboptimal outcomes and leaving patients dissatisfied. Subsequent to the failure of standard pharmacological management, patients and some physicians then turn to mind-body therapies.

In 2008, the UK National Institute of Health and Clinical Excellence (NICE) produced clinical guidelines related to IBS which indicated the potential benefit from psychological therapies for symptom management [4]. They identified the potential importance of approaches such as cognitive behavioural therapy, hypnotherapy and biofeedback but highlighted the paucity of high quality trials, particularly evidence regarding cost

effectiveness which precluded them actively recommending them for routine use.

It is important to recognise the range of varying symptoms with FBDs and their associated severity. It could be argued that this reflects a collection of distinct conditions with differing aetiology. There is growing evidence to separate IBS from other functional bowel disorders identifying genetic, endocrine difference together with the expanding research regarding the impact of gut microbiota with regards to bowel dysfunction and pathology [5]. Examples of this include the fermentation and osmotic effects of fermentable oligosaccharides, disaccharides, monosaccharides, and polyols (FODMAPs) present in the diet, which are thought to cause IBS symptoms [6]. In addition, the impact of the microbiome in IBS has been investigated in trials using minimally absorbed antibiotic rifaximin [7]. Furthermore, a systematic review of probiotics in IBS identified improvements in abdominal pain and bloating [8].

In this issue of the European Journal of Integrative Medicine, the systematic review by Grundmann and Yoon on functional bowel disorders focusses on trials relating to common mind body techniques; yoga, hypnotherapy, cognitive behavioural therapy and biofeedback [1]. Although studies are too heterogeneous to be directly compared, the review suggests that there is some positive evidence from individual trials that patients who have not responded well to conventional treatment may benefit from a mind body intervention. The strongest scientific evidence appears to be for the use of hypnosis for irritable bowel syndrome and other functional bowel disorders. However a criticism of the studies examined in this review is that some studies used the same mind-body intervention for a range of FBDs [1]. This may be inappropriate because if they were to be strictly defined they may be considered as diseases with differing aetiology. A recent randomised controlled trial has demonstrated that a significant proportion of IBS patients reported adequate control of their symptoms with a placebo [9]. The authors stated that the effect of administering a placebo was likely to have “beneficial effects through mind-body self-healing processes”. These data may be highlighting the potential role of the mind-body with regards to the perception of gastrointestinal disturbances and its contribution to the symptomatology of IBS.

Grundmann and Yoon have identified studies that indicate significant, quantifiable improvement in the symptoms associated with functional bowel disorders, with the greatest evidence related to hypnotherapy [1]. However, the heterogeneity of the available studies, often with lack of, or poor selection of control interventions limits their conclusions regarding the efficacy of mind-body therapies for IBS. The lack of significant side effects associated with mind body techniques is of particular importance. In light of our poor understanding of the pathophysiology of functional bowel disorders and poor response to conventional dietary and pharmacological treatment there is a true need for high quality trials examining the role of mind-body therapies in functional bowel disorders. Integrating mind body techniques into the self-management of functional bowel disorders may therefore be a fruitful approach.

In addition to the above review there are three randomised controlled trials reported in this issue [10–12]. Liu et al.’s

study on patients with moderate proteinuria resulting from IgA nephropathy investigates the effect of adding a Chinese herbal product (Zhengqingfengtongning) to a conventional angiotensin receptor blocker (ARB) [10]. Apart from a few minor side effects, the herbal product was well tolerated by patients, with no significant adverse effects. This paper suggest that its addition to an ARB (Valsartan) may be significantly more effective in controlling and treating moderate proteinurea as determined by monitoring 24 hour protein compared with Valsartan alone.

Chronic obstructive pulmonary disease (COPD) is a problem worldwide and is projected to become the third leading cause of mortality by 2020. The goal for COPD management is to improve mobility and health-related quality of life. In order to achieve this, patients’ self-efficacy (their perception of their ability to perform an action) is an important indicator for health improvement, as well as their satisfaction with the effectiveness of an intervention. Li et al. describe a multi-centre, double-blind, double dummy, randomised controlled trial of low-dose slow-release oral theophylline (or dummy) versus Bu-Fei Yi-Shen granules (or dummy) orally administered twice a day for 4 months; 0.2 g of the ointment of acupoint sticking ointment (or its dummy) applied to specific acupoints [11]. The COPD Self-Efficacy Scale (CSES) and the Effectiveness Satisfaction Questionnaire of COPD (ESQ-COPD) developed by the authors were the outcomes used and the trial group demonstrated increased improvement compared with controls for both over time. Frequency and duration of acute exacerbations and improvements in quality of life were reported together with amelioration of symptoms. The paper also provides the rationale for the acupoint selection which was based on TCM syndrome differentiation. Bu-Fei Yi-Shen granules are made from highly concentrated, selected Chinese herbs and produced in accordance with a traditional Chinese herbal formula they reduced the expression of interleukin (IL)-8, IL-6, IL-10, IL-1 β and TNF- α and regulating the level of inflammatory cytokines. Future work should concentrate on determining the dosing regimen and duration of therapy.

Honey is a traditional remedy worldwide with a variety of health related properties [13]. The Malaysian RCT in this issue investigated the effect of honey administered orally to pregnant rats. The authors postulate that these results may suggest a role for Tualong honey in ameliorating the effects of stress during pregnancy and believe that it may have a possible role in foetal neural development which may act to modulate pain responses in later life [12]. This paper adds to the increasing number of papers now appearing in the literature about honey and its uses for health.

An observational study carried out on 113 hospitalised Korean patients over the age of 65 years demonstrates an association between radial pulse signals and abnormal lipid profiles [14]. If sensitive enough, such a method could be used as a preliminary screening instrument to assess for patients for potential cardiovascular disease. More detailed studies are needed to determine whether this will be an important contribution to clinical practice.

The qualitative UK study compares the experiences of patients and practitioners receiving acupuncture and

homoeopathy offered in primary care (NHS) and private settings [15]. The study uses both interviews and observation of consultations. For those experiencing both settings there was little perceived difference in outcome as to where treatment was provided or in its quality. The impact of shorter consultation times on health outcomes within the NHS setting was not specifically studied and will be important to determine in future studies and whether this affects patients' perceptions of treatment effectiveness.

The importance of a patient's own sense about belief of their illness or 'illness representation' (IR) is likely to influence their behaviour during their illness and may act as a predictor of how a patient manages a chronic condition. A Polish study focusses on IR and rheumatoid arthritis and suggests that making a decision about whether to receive acupuncture treatment is important in determining patient behaviour during the illness [16]. Although the study's limitations are discussed, there is evidence to suggest that IR is a significant predictor of willingness to use acupuncture and increases with age, and with greater personal control and treatment control (i.e. the belief that they have little influence over the course of their diseases and that conventional treatment is not successful enough).

In palliative care, a holistic approach is important if the physical, psychological, spiritual and environmental needs of patients are to be addressed by physicians. Frey et al. used in depth interviews to explore the biomedical and holistic views of palliative care with 7 physicians and highlight the importance of delivering whole person care which reflects the wishes of individual patients [17]. Although a small study, the authors emphasise that for patients with a chronic condition, adherence by physicians to the traditional model of the disease state may be harmful and does not best reflect the wishes of the individual.

Multiple sclerosis (MS) is another chronic progressive condition. Skovgaard et al.'s survey of members of the Danish MS Society demonstrated that 74% of respondents combined complementary and alternative medicine (CAM) with conventional medicine [18]. Those with conditions other than MS were more likely to use CAM, usually for specific purposes and more often herbal medicine. Those using CAM were also more likely to be on a special diet and report higher self-assessed quality of life.

The importance of healing touch in an emergency setting after acute admission is described in a qualitative study by Airosa et al. [19]. This Swedish study focusses on tactile and healing touch provided to 25 patients. The interviews emphasise the complexity in providing caring touch at times of trauma. The integrated health approaches should be considered within a wider scope of clinical practice.

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